

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11/6/03</u>		2 Serial/Patent # <u>09/729674</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	14	10/10/03	\$ 950							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 950							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">5</td> </tr> </table>		0	6	--	1	2	0	5
0	6	--	1	2	0	5					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Sherry D. Brintley</u>		TITLE: <u>Patrons Planner</u>									
SIGNATURE: <u>Sherry D. Brintley</u>		PHONE: <u>305-9282</u>									
OFFICE: <u>Patrons</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****											
APPROVED: <u>[Signature]</u>		DATE: <u>11/7/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**